

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
Richmond Division

In re

LAMONT HARRIS
612 CHIMBORAZO BLVD
RICHMOND, VA 23223

Debtor(s)

Case No.

19 32214-KRH

Chapter

7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: _____]
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's Office on _____.*]
☐ Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
☐ Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
☐ Schedule A/B - Property
☐ Schedule C - The Property You Claim as Exempt
☐ Schedule D - Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
☐ Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)
☐ (\$31.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):
☐ Creditor(s) added ☐ Creditor(s) deleted
☐ Change in amounts owed or classification of debt
☐ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE)
☐ Post-petition creditors added (Schedule of Unpaid Debts)
REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.
☐ Schedule G - Executory Contracts and Unexpired Leases
☐ Schedule H - Your Codebtors
☒ Schedule I - Your Income
☒ Schedule J - Your Expenses

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires that this cover sheet together with a completed Official Form 121 - Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk's Office for "restricted" entry of the amended Social Security Number into the case record.]

- ☐ Statement of Financial Affairs
☐ Statement of Intention for Individuals Filing Under Chapter 7
☐ Chapter 11 List of Equity Security Holders
☐ Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You
☐ Attorney's Disclosure of Compensation
☐ Other: _____

FILED
2019 AUG 23 AM 11:56
U.S. BANKRUPTCY COURT
RICHMOND DIVISION

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: _____

Date:

08/23/2019

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.:

Mailing Address:

Enter this information to identify your case.

Debtor 1	<u>LAMONT</u>	<u>HARRIS</u>
Debtor 2 (Spouse, if filing)		
United States Bankruptcy Court for the: Eastern District of Virginia		
Case number (if known)	<u>19 32214 KRH</u>	

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

DAUGHTER

21

☒ No
☐ Yes

DAUGHTER

17

☐ No
☒ Yes

DAUGHTER

11

☐ No
☒ Yes

☐ No
☐ Yes

☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Your expenses

4. \$ ~~500~~ 500 LH

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1 LAMONT HERPIS
First Name Middle Name Last Name

Case number (if known) 19 32214 KRH

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 100.00 LH

6b. Water, sewer, garbage collection

6b. \$ 0

6c. Telephone, cell phone, internet, satellite, and cable services

6c. \$ 100.00 LH

6d. Other. Specify: _____

6d. \$ 0

7. Food and housekeeping supplies

7. \$ 400.00

8. Childcare and children's education costs

8. \$ 150.00

9. Clothing, laundry, and dry cleaning

9. \$ 50.00

10. Personal care products and services

10. \$ 50.00

11. Medical and dental expenses

11. \$ 25.00

12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ 400.00 LH

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0

14. Charitable contributions and religious donations

14. \$ 20.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ 100.00

15d. Other insurance. Specify: _____

15d. \$ 0

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____

16. \$ 0

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0

17b. Car payments for Vehicle 2

17b. \$ 0

17c. Other. Specify: _____

17c. \$ 0

17d. Other. Specify: _____

17d. \$ 0

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0

19. Other payments you make to support others who do not live with you.
Specify: _____

19. \$ 0

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 80.00 LH

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

First Name Middle Name Last Name

Case number (if known)

21. Other. Specify: _____

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 1975.00 LH

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0 LH

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 1975.00 LH

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1830.10

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 1975.00 LH

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ ~~1830.10~~
-144.90 LH

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes. Explain here: DAUGHTER WILL BE ATTENDING COLLEGE NEXT YEAR
AFTER GRADUATING IN 2020

Fill in this information to identify your case:

Debtor 1

LAMONT

First Name

Middle Name

HARRIS

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: Eastern District of Virginia

Case number
(If known)

19 32214-KRH

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

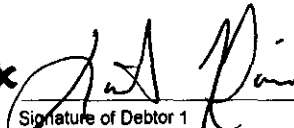
☒ No

☐ Yes.

Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 
Signature of Debtor 1

x

Signature of Debtor 2

Date 08 23 2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA

RICHMOND Division

In re:

LAMONT HARRIS
612 CHIMBORAZO BLVD
RICHMOND, VA 23223
Debtor(s)

Case No.
Chapter

19 32214-KRH
7

Plaintiff(s)

Adversary Proceeding No.

v.

Defendant(s)

CERTIFICATION UNDER LOCAL BANKRUPTCY RULE 2090-1

Document Title:

Date Document Filed:

Docket Entry No.

I declare under penalty of perjury that (Check one box):

☒ No attorney has prepared or assisted in the preparation of this document.

☐ The following attorney prepared or assisted in the preparation of this document.

(Name of Attorney)

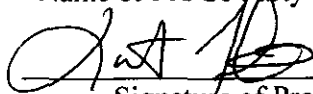
(Address of Attorney)

(Telephone Number of Attorney)

LAMONT HARRIS

Name of Pro Se Party (Print or Type)

Name of Pro Se Party (Print or Type)



Signature of Pro Se Party

Signature of Pro Se Party

Executed on: 8/23/2019 (Date)